

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dunlap et al.

Art Unit: 2834

Serial No.: 09/682,501

Examiner: Karl Tamai

Filed: September 10, 2001

For:

MECHANICAL JOINING FOR

WATER-COOLED MOTOR

FRAME

Mail Stop: ISSUE FEE Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

Transmittal (3 pgs., in duplicate); Amendment After Allowance Under 37 C.F.R. § 1.312 (3 pgs.) Submission of Marked Up Claims (2 pgs.) Issue Fee Transmittal (1 pg., in duplicate); Return post card

STATUS

2. Applicant

*	claims small entity status.
\boxtimes	is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV339989592US

Date: July 23, 2003

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Daniel M. Fitzgerald, Reg. No. 38,880

EXTENSION OF TERM

	The proceeding 1.136 apply.	gs herein	are for a pat	ent applicat	tion and the provisi	ons o	137 C.F.R.
			t petitions for		applicable) on of time under 3' total number of month		
Exte	nsion for respo	nse with	in:		Other than small entity Fee		all entity Fee if applicable)
		fin	rst month	•	\$ 110.00	\$	55.00
		se	cond month		\$ 410.00	\$ 2	205.00
		th	ird month		\$ 930.00	\$ 4	65.00
		☐ fo	urth month		\$1,450.00	\$ 7	725.00
		fit	fth month		\$1,970.00	\$ 9	085.00
	· .						
					Fee Due		\$
(cone	ditional _I licant ha	elieves that n	OR o extension ing made to	of term is required provide for the potential for a p	l. Ho ssibil	ity that
			FEE :	FOR CLA	IMS		
4.	Γhe fee for clai	ms (37 (C.F.R. 1.16(b)-(d)) has b	een calculated as si	hown	below:
	(Col. 1) CLAIMS		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS		=	x \$42 = \$		x \$84 = \$
	_ FIRST PRESENT	ATION OF	MULTIPLE DEP. (CLAIM	+ \$140 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

	_							
	(a)	\boxtimes	No additional f	ee for Claims is	required			
				OR				
	(b)		Total additiona	l fee for claims	required \$			
				FEE PAYME	NT			
5.	11.	Attach	ned is a check in		,			
		_	e Deposit Accou			·		
]	FEE DEFICIE	NCY			
ó.		If any additional extension and/or fee is required, charge Deposit Account N 01-2384.						
				AND/OR	•			
		If any 2384.	additional fee fo	r claims is requ	ired, charge Dep	oosit Account No	. 01-	
7.		Other:		•			•	
				(Daul M a	Shereld		
				Reg AR One	niel M. Fitzgeral g. No. 38,880 MSTRONG TE e Metropolitan S Louis, MO 6310	ASDALE LLP Square, Suite 260	0	
	*				/621-5070	<i>)</i> <u></u>		